

AC. 9677

39/12/10

JOINT COUNTY COUNCIL OF MORAY AND NAIRN

R E P O R T

by

The Medical Officer of Health

for

1952.



August, 1953.

To

The Secretary, Department of Health for Scotland,  
The Joint County Council of Moray & Nairn,  
The Moray County Council,  
The Nairnshire County Council,  
The Town Councils of Burghead,  
Elgin,  
Forres,  
Grantown-on-Spey,  
Lossiemouth,  
Nairn,  
Rothes.

My Lords, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the Health of Moray and Nairn for the year ended 31st December, 1952.

The Report contains three main elements.

- (a) Vital statistics which indicate achievement.
- (b) A description of work done, which is the means to achievement.
- (c) Comments on the efficacy of the work done, or on work not at present undertaken but which might be with advantage.

The vital statistics are, by and large, the best Moray and Nairn has known, and amongst the best Scotland has known. The stillbirth rate, infant mortality rate and tuberculosis death rate are very satisfactory, and indicate levels of achievement which can be reached. It is as well to bear this in mind, because, at the time of writing, it is clear that the figures for 1953 are unlikely to be as satisfactory. Why this should be so is, of course, a matter for the next Report.

Amongst the comments, attention might perhaps be drawn to two matters.

- (a) Home Help Schemes. There is none, and as long as no scheme is formulated, no money can be paid out on behalf of the County Council under this heading.

Any Scheme for the Provision of Home Help is likely to be costly. But the cost must be set against the achievements. It is possible that an efficient home help service would keep many old people in their homes, instead of institutions, many sick at home instead of in hospital, and allow of many more births at home. All of these would lead to a reduction in hospital costs, and therefore to a saving in the demand on the tax-payer.

- (b) Nutrition. The remarks on nutrition should be carefully considered. Health depends on food, clothing and shelter, and therefore on the economic well-being of the nation. If the national economy leads to an unchanged pay-packet having reduced purchasing power, it must be the health propagandist's duty to boost the importance of spending enough on food, so that fitness may be maintained, and that the individual may avoid being an economic drag on the community through avoidable ill-health.

Yours faithfully,

*I. C. Munro*

Medical Officer of Health.



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1952.

Principal Vital Statistics.

Population.

Estimate at middle of 1952.	58,273
1951 Census	56,930

Births, Deaths and Marriages.

Total live births		
corrected for transfer	1,079	18.5 per 1,000 population.
Legitimate	1,006	93.1 % live births.
Illegitimate	73	6.9 % live births.
Total stillbirths		
corrected for transfer	18	16.4 per 1,000 total births.
Marriages	411	
Deaths, all causes		
corrected for transfer	614	10.5 per 1,000 population.
Tuberculosis, (all forms)	3	5.2 per 100,000 population.
" (respiratory)	3	5.2 per 100,000 population.
Principal Epidemic Diseases	4	6.9 per 100,000 population.
Children under 1 year	24	22.2 per 1,000 live births.
Women in childbirth	-	- per 1,000 total births.

Deaths from Tuberculosis were the lowest ever recorded in Moray and Nairn, being only one fifth of the number occurring in 1951. Again there were no deaths from non-respiratory tuberculosis. This is satisfactory as far as it goes, but does not exclude the possibility of higher death rates in subsequent years.

There were no deaths from the commoner infectious diseases, other than influenza, which gave rise to four.

Deaths due to pneumonia and bronchitis, the communicable respiratory diseases, numbered two fifths of those recorded in the previous year.

Deaths due to cancer and other malignant diseases increased in frequency over the previous year, by ten per cent, but remained within the average of the preceding decade.

Deaths due to diseases of the heart and arteries, and to cerebral haemorrhage declined during the year under consideration.

Age Incidence of Deaths

0	1	5	10	15	25	35	45	55	65	75	
-	-	-	-	-	-	-	-	-	-	-	85+
1	4	9	14	24	34	44	54	64	74	84	
24	7	5	-	11	8	20	40	73	157	193	76





## CARE OF MOTHERS AND YOUNG CHILDREN

### (a) Ante-natal and Post-natal Clinics.

The Forth-Eastern and Northern Regional Hospital Boards had ante- and post-natal clinics at Elgin and Forres, and Nairn respectively. Particulars of these clinics are, no doubt, available on application to the Hospital Boards.

There are no ante- or post-natal clinics conducted by the local health authorities.

### (b) Child Welfare Clinics.

The Clinic at Elgin continued in operation.

A Clinic for the benefit of dependents of the R.A.F. personnel was opened at Kinloss.

A Clinic planned for Nairn could not be opened before the end of 1952.

	<u>Under 1 Year</u>	<u>Over 1 Year</u>
Children attending in 1952	77	22
Total attendances	1032	37

### (c) Dental Care.

None provided in 1952.

An appointment to the post of Senior Dental Officer was made during the year, but the successful applicant did not take up duty during 1952.

### (d) Mother and Baby Homes.

None in Moray and Nairn.

### (e) Day Nurseries.

### (f) Residential Nurseries Children's Homes.

There are none.

### (g) Nurseries and Child-Winders Regulation Act, 1948.

No registrations have been made under this Act.

## MIDWIFERY SERVICES.

(a) Total number of Births notified 707  
including Stillbirths - uncorrected

(b) Births according to classification

(i) Under Section 25(1) of the  
National Health Service (Scotland)  
Act, 1947 114

(a) Doctor engaged and present 41  
(b) Doctor engaged and not present 13  
(c) No doctor engaged -

(ii) Other domiciliary cases -

(iii) Cases in institutions in Moray and Nairn 85



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# VISITATION BY HEALTH VISITORS

	Initial Visits	Total Visits
Expectant mothers visited by Health Visitors	282	1,421
Infants	1,430	11,290
Children (1-5 years)	3,166	8,767
School Children		
At request of family doctor	-	-
At request of hospital	-	-

## HOME NURSING.

Cases attended in their own homes under Section 25, National Health Service (Scotland) Act, 1947.	3,618	55,009
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## HOME HELP SCHEME.

Deferred.

## INFANT MORTALITY AND STILLBIRTHS.

Causes of Stillbirth, uncorrected for residence.

	1944 - 45	1946 - 50	1951	1952
Accidents of Delivery	8.6	8.2	12	6
Congenital Malformation	5.2	5.4	2	5
Ante-partum Haemorrhage	1.0	2.4	1	-
Acute Toxaemia of Mother	3.0	1.0	1	1
Chronic Disease of Mother	1.2	0.6	-	-
Premature Birth	-	-	1	1
Other Causes	12.2	5.4	7	4
TOTAL	31.2	25.0	24	17





**Births, Stillbirths and Infant Deaths  
by Totals and Rates, 1951 to 1952**

	Average 1931 to 1945	Average 1946 to 1950	Average 1951 to 1952	1951	1952
Live Births	886	1015	1120	1049	1172
Stillbirths	-	23	30	2	10
Total Births	-	1045	1150	1051	1182
Deaths under year	60	52	44	36	40
Birth Rate	18.1	20.1	20.2	18.1	19.5
Stillbirth Rate	-	2.3	2.6	0.2	0.8
Infant Mortality Rate	67.7	50.9	42.3	32.1	29.5

**Causes of Infant Mortality in the District of Columbia  
1951 to 1952**

	Average 1951 to 1952	Average 1953 to 1954	Average 1955 to 1956	1951	1952
Premature Births	12.0	10.0	11.2	10	5
Congenital Defects	5.6	5.0	4.4	1	-
Congenital Malformations	4.2	3.2	4.6	6	3
Accidents of Infancy	3.4	3.4	2.2	9	3
Respiratory Diseases	2.2	2.0	1.0	-	1
Alimentary Diseases	0.6	-	0.3	-	-
Other Causes	2.2	2.0	2.2	-	3
TOTAL	31.0	25.6	25.7	26	14





Causes of Infant Mortality, One Month to One Year,  
1936 to 1952.

	Average 1936 to 1940	Average 1941 to 1945	Average 1946 to 1950	1951	1952
Premature Birth	0.8	0.2	0.2	-	-
Congenital Debility	4.2	0.4	0.4	1	-
Congenital Malformation	0.6	1.2	1.4	3	2
Accidents of Delivery	-	-	-	-	-
Respiratory Disease	14.0	11.8	7.6	6	2
Alimentary Disease	2.8	3.6	2.2	-	1
Other Causes	6.8	5.6	6.0	3	4
TOTAL	29.2	22.8	17.8	13	9

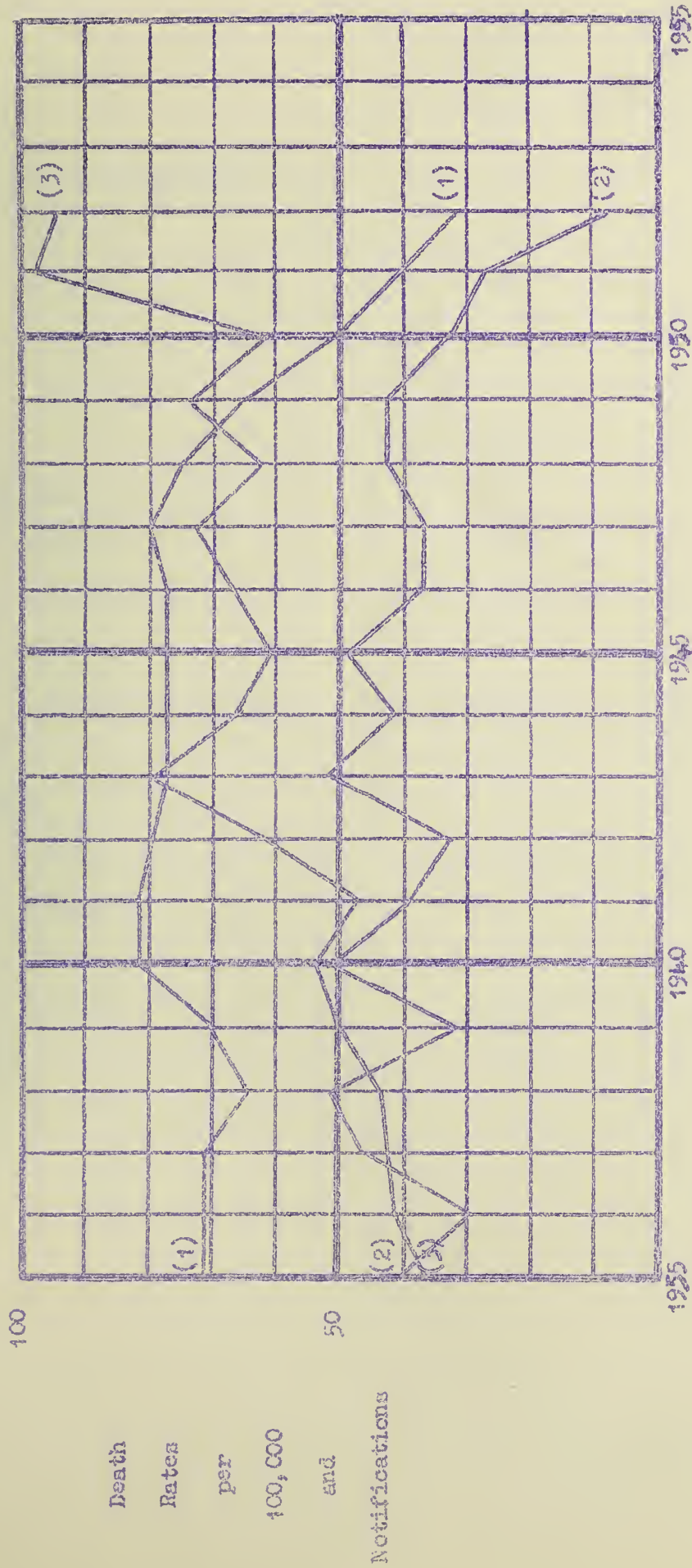
The foregoing tables demonstrate loss of infant life at rates never before approached in Moray and Nairn, and seldom achieved elsewhere in Scotland. It is always, however, salutary to sound a word of warning. When such figures become commonplace there will be solid grounds for satisfaction. In the meantime, these figures set a target for future years.

One point calls again for comment, namely the steady occurrence of deaths of children under one month from accidents of delivery. The average in the *quinquennium* before the war was 2.4 out of 31.4, one in thirteen. This has now risen to 5 out of 14, or rather more than one in three. The corresponding figures for stillbirths have remained steady. Whether this results from poorer obstetrical standards or greater candour in certification cannot be decided with certainty. Undoubtedly it is an indication for an overhaul of obstetrical methods, to ensure that no avoidable deaths are occurring.



# DEATH RATES FROM TUBERCULOSIS IN SCOTLAND, MORAY & NAIRN.

Notifications of Tuberculosis, Moray & Nairn.



Death Rates.

Notifications

Scotland (1) \_\_\_\_\_ (1)

Moray & Nairn (2) \_\_\_\_\_ (2)

Moray & Nairn (2) \_\_\_\_\_ (2)

Moray & Nairn (2) \_\_\_\_\_ (2)



# PREVENTION OF TUBERCULOSIS CASES AND ATTENDANCE

## TUBERCULOSIS

Notifications in 1952		Respiratory	Non-Respiratory	Total
Adults	- Male	46	9	55
	- Female	28	8	36
Children	- Male	3	1	4
	- Female	8	1	9
Total		85	19	104

## Admissions to Hospital

Adults	- Male	33	2	35
	- Female	20	-	20
Children	- Male	1	-	1
	- Female	3	-	3
Total		57	2	59

## Discharges

Adults	- Male	39	1	40
	- Female	23	2	25
Children	- Male	1	1	2
	- Female	4	1	5
Total		57	5	62

## Deaths

Adults	- Male	1	-	1
	- Female	4	-	4
Children	- Male	-	-	-
	- Female	-	-	-
Total		5	-	5











Location of Disease.  
Percentage of Notifications in each Category.

	1934-35	1936-40	1941-45	1946-50	1951	1952
Respiratory	52.5	55.5	66.5	76.0	81.6	75.0
Abdominal	7.5	6.5	6.0	4.0	3.1	11.5
Bone and Joint	4.0	10.0	6.0	7.0	4.1	5.1
Other	26.0	24.0	21.5	13.0	9.2	10.4
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0

Notifications and Confirmation of Diagnosis.

	1950		1951		1952	
	Respiratory	Other	Respiratory	Other	Respiratory	Other
Cases Notified	42	15	83	16	72	24
Cases Not Confirmed	1	-	9	1	6	3

These tables and the graph on page 3 give some indication of the changes in the local tuberculosis problem.

Over the years, notifications have risen steadily. Of these, the proportion in respect of respiratory disease has risen from half to three-quarters. Up to a very recent date, in virtually all cases notified, there was previous confirmation of the diagnosis. During the last three years, a small, but definite, proportion of cases notified have not, on investigation, been found to be suffering from tuberculosis. This reflects the efforts of the general practitioner to bring cases under treatment at the earliest possible moment.

Over the years from 1943 onwards, deaths have diminished steadily, and in 1952, Moray and Nairn had one of the lowest death rates in Scotland. Deaths from non-respiratory tuberculosis have fallen more rapidly than those from the respiratory type, although the total notifications in this group have not fallen proportionately. So don't this results from a reduction in the more severe types of infection, particularly those of the bones and joints, which are killers, and also from better facilities for treatment. Deaths from respiratory disease have really shown a marked fall only in the last two or three years, particularly in 1952. This has resulted from two causes, one already mentioned, namely that cases are brought to treatment earlier, and the other that new, powerful remedies have become available. The case with advanced chronic disease at the time of notification is less commonly encountered. This leaves a much more fruitful field for Streptomycin, P. B., Isoniazid, and thoracic surgery.

An interesting side light on this earlier diagnosis is afforded by the experience at the Spirt County Hospital. The matter reported by the patient is liable to be very insidious. To this end, elaborate provision is made in every sanatorium for sputum sterilisation. A recent inquiry showed that the hospital's sputum steriliser was not in use, because the patients now being treated have no excess of sputum, or doubt this satisfactory finding results from earlier diagnosis and effective treatment. Now the sputum is the usual vehicle for the transmission.





transmission of infection. If, therefore, cases are being recognised before they are highly infectious, there is every chance that they will disseminate the infection within a smaller field, and that they will thus be the cause of fewer cases. This has its satisfactory and dangerous aspects. A tuberculous infection successfully overcome is the individual's most certain protection against the disease. Fewer sources of infection mean that fewer opportunities will be available for successfully overcoming infection, and that the number of susceptible persons in the population will increase. The theory of B.C.G. vaccination is that protection is afforded by exposure to tubercle bacilli whose teeth have been, metaphorically speaking, drawn, without loss of its power of evoking the protective reaction in the body of the person vaccinated. An artificial infection is in fact substituted for the dangerous natural infection. At present, the position is that the Department of Health for Scotland, the Ministry of Health, and the Medical Research Council, have not reached a conclusion as to the efficacy of B.C.G. vaccination. This, of course, makes their advocacy of this measure in certain priority classes - nurses, medical students, contacts especially exposed to infection - quite inconsistent. If the procedure is effective in the priority groups it must also be effective in the general public. The ideal therefore appears to be the B.C.G. vaccination of every baby, and pending the arrival of this population group at maturity, the B.C.G. vaccination of adolescents in order to afford them additional protection as they go out into the world from the sheltered life at school.

While such a vaccination campaign forms part of the measures desirable if an attempt is to be made to eradicate tuberculosis, early case finding, and supervision of contacts must not be neglected. To this end Mass Miniature Radiography has been introduced. The idea behind M.M.R. (to give it its more convenient abbreviated title) is to examine radiologically as many chests as possible in an economical manner, and to pick out from amongst these the limited number of persons who require further examination. Used alone, M.M.R. is rather a hit-or-miss weapon.

Another measure which might well be utilised more fully is the tuberculin skin test. If this were made a routine part of the medical examination of school children in their age groups, valuable information concerning sources of tuberculous infection in the community would come to light, and could be followed up with M.M.R.

In framing plans for eradicating tuberculosis from a community, one factor whose control is difficult by any means, and is certainly beyond the grasp of the local health authority and its medical staff, is nutrition. It is so closely bound up with economic prosperity. Nevertheless, it is not too much to say that all other measures against tuberculosis would be thrown out of gear if food supplies were seriously interfered with.

In summary form, therefore, an ideal scheme for dealing with tuberculosis should include the following:-

1. A general practitioner service alert to the need for early diagnosis.
2. Adequate consultant, radiological and bacteriological diagnostic services.
3. Adequate beds for the prompt admission of cases for treatment, medical and surgical.
4. An adequate service for following up contacts of those found to be suffering from tuberculosis.
5. Routine skin-testing of school children should be commenced, and the families of those found to have positive tests should be examined.
6. The offer of B.C.G. vaccination to nurses, doctors, medical students and contacts, if negative to the tuberculin test, as carried out at present.
- 7.





7. The offer of B.C.G. vaccination to all babies.
8. The offer of B.C.G. vaccination to school children who are found to have negative skin tests at the inspection carried out before the leaving age is reached.
9. As the foregoing would involve much radiological examination, the fullest possible use of M.M.R. should be made.
10. The Department of Health for Scotland should inaugurate national publicity directed at the following:-
  - (a) Tuberculosis, though serious, is curable if found in its early stages, therefore seek medical advice early, before serious illness has set in.
  - (b) The well-fed are more likely to avoid tuberculosis. Being well-fed involves spending money adequately and wisely on food, and cooking it well.
  - (c) Co-operation in the preventive measures by contacts and the general public will do much to get rid of a disease which has been a scourge for decades, and costs us far too much money today.

Of the foregoing, there is already in existence an alert general practitioner service, an adequate diagnostic service, a fairly adequate provision of hospital beds, an adequate contact service - if those affected would co-operate - no skin-testing of school children, adequate provision for B.C.G. vaccination of priority classes, no provision for B.C.G. vaccination of babies or school children, a belated provision of M.M.R. facilities, and not very much publicity on nutrition.

One disturbing point is that, while detailed records of B.C.G. vaccination are kept, no demand has been made by the Department of Health, or the Medical Research Council for their submission to scrutiny. In its turn, this suggests that these bodies are not trying to reach a conclusion on its efficacy, and this some twenty years after other countries have put their trust in it for general use.



# VACCINATION AND IMMUNISATION.

Notifications of vaccination in 1952 were as follows:-

	<u>Primary</u>	<u>Secondary</u>
Typical Vaccinia	789	126
Accelerated Reaction	3	38
Reaction of Immunity	5	76
No Local Reaction	<u>70</u>	<u>16</u>
Total Vaccinations	867	256

1,123

Notifications of Immunisations in 1952 were as follows:-

<u>Year of Birth</u>	<u>Primary</u>	<u>Reinforcement</u>
1952	38	-
1951	553	-
1950	173	-
1949	40	-
1948	24	3
1947	18	121
1946	17	245
1945	22	94
1944	13	27
1943	4	14
1942	-	-
1941	2	-
1940	-	2
1939	-	-
1938	-	-
1937 or earlier	<u>1</u>	<u>8</u>
	905	524

Primary vaccinations notified are fewer than those in the previous year by 100.

Secondary vaccinations notified are fewer than those in the previous year by 170.

Primary immunisations notified are fewer than those in the previous year by 20.

Reinforcement immunisations notified are more than those in the previous year by 120.



VENEREAL DISEASE.

New Civilian Cases admitted to Clinics in Aberdeen, 1952.

Ac- quired	Syphilis Con- genital	Total	Chan- croid	Gen- ital	Gonorrhoea Oph- thalmic	Total	Other V.D.	Total V.D.	Not V.D.
3	1	4	-	3	-	3	2	9	11

Particulars of In-patients and out-patient attendances.

<u>No. of In-patients</u>	<u>Days in Hospital</u>	<u>Out-patient Attendances</u>
18	166	273

CONTROL OF INFECTIOUS DISEASE.

Table of Notifications

Disease	1931 - 1940	1941 - 1945	1946 - 1950	1951	1952
Scarlet Fever	221	77	70	48	295
Diphtheria	54	54	8	-	-
Erysipelas	21	11	17	13	6
Acute Primary Pneumonia	39	31	65	67	64
Acute Influenzal Pneumonia	14	4	2	6	2
Cerebrospinal Fever	8	11	2	-	2
Dysentery	3	15	8	81	1
Enteric Fevers	1	4	1	-	-
Puerperal Fever and Pyrexia	5	5	3	2	-
Ophthalmia Neonatorum	1	1	1	-	-
Poliomyelitis	-	-	18	2	5
Acute Infectious Jaundice	-	-	-	1	3
Whooping Cough	-	-	-	429	204
Malaria	-	-	1	1	1







## Commentary.

By comparison with previous years, the infectious diseases of 1952 showed a satisfactory degree of mildness.

Scarlet Fever, it is true, was prevalent but very mild. It has become the rule to discharge patients in 10 to 14 days, and this seems to produce no ill effects.

Pneumonia is notified more often than it used to be. One suspects that this diagnosis is often made with a view to securing admission to the Joint County Hospital. It is interesting to note that nearly all the cases occur within easy reach of that hospital, and that there are few or none in areas more remote, or served by other hospitals.

Whooping Cough was less frequently notified than in 1951.

Other conditions, some of them substantially prevalent in previous years, gave no cause for concern in 1952.

## MENTAL HEALTH SERVICES.

### Certification of Lunatics.

#### Certifications in 1952.

#### Removals (undertaken by Authorised Officer)

	<u>M.</u>	<u>F.</u>
To Aberdeen R.M. Hospital	-	1
To Morayshire Mental Hospital	14	13
To Craig Dunain	<u>2</u>	<u>2</u>
Total	16	16

#### Investigation of Homes of Lunatics about to be discharged.

No. of Investigations in 1952	3	4
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#### Boarded-out Mental Defectives.

Defectives from Moray and Nairn	6	8
Defectives from other areas	<u>1</u>	<u>3</u>
Total	7	11

#### Mental Defectives in Institutions.

New cases admitted	-	-
Discharged to Moray and Nairn	-	-
Died	-	-

#### Boarded-out Lunatics.

Under supervision in 1952	5	6
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## PORT HEALTH ADMINISTRATION.

Five ships from foreign ports called at ports in Moray and Nairn in 1952. No official action was required. No action in connection with deratisation was required.

There is still no civil airport in Moray and Nairn, and no action was required in respect of aircraft from abroad.



## FOOD SUPPLIES.

### 1. Milk.

Details concerning the supervision of milk supplies are to be found in the Annual Report of the County Sanitary Inspector.

Approximately nine-tenths of all milk produced in the registered dairies in Moray and Nairn comes from dairies which are the subjects of designated licenses. Of the tenth which is undesignated as produced, the bulk goes for pasteurisation.

### 2. Ice Cream.

A satisfactory standard has been maintained.

### 3. Meat and Other Foods.

Nearly eighteen and a half tons of unsound meat were condemned at the four slaughterhouses in the Combined County, about two and a half tons less than in the previous year.

Over three tons of foodstuffs, including butcher-meat, were found to be unsound, and condemned.

### 4. Food Poisoning.

No outbreak of food poisoning was reported in 1952.

### 5. Nutrition.

The importance of sound nourishment in connection with tuberculosis has already been stressed. What was said there has, of course, a much wider application. There is little doubt that improvements in stillbirths and infant mortality over the last decade result in no small measure from nutritional improvements, such as the green ration book and cheap milk for expectant mothers. There is little doubt that the undoubted improvement in the health of school children results in considerable measure from the milk and meals in schools schemes. The policy of the present government is to reduce food subsidies and thus raise the price of food to the consumer. The intelligent consumer will, of course, pay the extra for his food and save in other directions. The less knowledgeable are not unlikely to try and effect economies in food purchases. This is potentially dangerous to the health of the community and calls for national publicity in favour of spending money on good food. Money spent on good food is always a sound investment.

## GENERAL SANITATION.

### Water Supplies.

During the year 1952, improvements in the water supplies to Findhorn, Urquhart and Innes, Lossiemouth, Fochabers and New Elgin were effected.

It was found necessary to chlorinate the water supply to Germouth.

Work proceeded with the Glenlatterach Scheme in a fairly satisfactory way, and water from this source became available to augment other supplies. Owing to the fact that the filtration plant was incomplete (and remains so at the time of writing), this extra water can only be regarded as an emergency reserve.

### Drainage Schemes.

Details are to be found in the Reports of the County Sanitary Inspector, and of the Burgh Surveyors.

In the Report for 1951, mention was made of the delay in sanctioning the Archiestown sewerage scheme. This delay has extended over another year, owing to financial considerations. The insanitary state of the village still persists.

### Cleansing and Refuse Disposal.

The various schemes for refuse collection and disposal are working adequately.

### Housing.

There is nothing fresh to be said.



Table of Causes of Death

	Average 1931 to 1940	Average 1941 to 1945	Average 1947 to 1950	1951	1952
1. Tuberculosis of Respiratory System	17.8	14.67	18.25	15	3
2. Tuberculosis, other forms	6.7	6.8	4.0	-	-
3. Syphilis and its sequelae	-	2.3	0.5	1	2
4. Typhoid Fever	0.4	-	-	-	-
5. Dysentery, all forms	x	x	x	-	-
6. Scarlet fever and streptococcal sore throat	2.3	0.37	0.25	-	-
7. Diphtheria	2.4	1.67	0.2	-	-
8. Whooping Cough	2.8	1.5	0.5	1	-
9. Meningococcal infections	1.0	0.67	0.25	-	-
10. Acute Poliomyelitis	x	x	x	-	-
11. Measles	1.8	0.83	0.25	-	-
12. Other infections and parasitic diseases	2.8	3.8	5.5	2	2
13. Malignant neoplasms	86.6	100.8	101.5	89	99
14. Benign and unspecified neoplasms	-	2.0	1.25	2	4
15. Diabetes mellitus	6.9	7.5	4.5	8	2
16. Anæmia	x	x	x	4	2
17. Other general diseases	16.1	11.0	9.0	4	5
18. Vascular lesions affecting central nervous system	90.8	101.67	97.75	120	116
19. Non-meningococcal meningitis	-	4.5	1.0	1	1
20. Other diseases of nervous system	20.5	15.2	9.5	15	11
21. Rheumatic fever	-	1.5	0.75	-	-
22. Chronic rheumatic heart disease	x	x	x	13	1
23. Arteriosclerotic and degenerative heart disease	x	x	x	220	195
24. Other disease of heart	139.0	169.8 <sup>A</sup>	212.75 <sup>A</sup>	14	9
25. Hypertension with heart disease	x	x	x	9	6
26. Hypertension without heart disease	x	x	x	11	5
27. Other circulatory disease	23.0A	17.3A	15.75A	12	18
28. Influenza	11.9	4.34	5.0	9	4
29. Pneumonia	32.4	21.5	22.25	13	8
30. Bronchitis	26.5	18.0	12.25	13	2
31. Other respiratory disease	11.9	10.0	10.0	5	5

Table of Causes of Death (continued)

	Average 1931 to 1940	Average 1941 to 1946	Average 1947 to 1950	1951	1952
32. Ulcer of stomach and duodenum	6.5	8.2	5.0	6	5
33. Appendicitis	4.8	3.34	2.5	1	1
34. Intestinal obstruction and hernia	x	x	x	5	6
35. Gastritis and duodenitis	x	x	x	-	-
36. Diarrhoea (except of new born)	x	x	x	1	5
37. Cirrhosis of liver	1.6	1.34	2.0	-	-
38. Other disease of liver	3.6	2.8	2.75	3	3
39. Other digestive diseases	12.2	13.0	11.5	2	4
40. Nephritis and Nephrosis	16.3	14.5	12.75	3	9
41. Hyperplasia of prostate	x	x	x	6	7
42. Other diseases of genito-urinary system	12.5A	11.5A	9.5A	5	2
43. Puerperal sepsis including post- abortive sepsis	0.8	1.67	0.25	-	-
44. Other puerperal causes	3.4	2.0	1.5	-	-
45. Disease of skin and organs of locomotion	3.7	2.5	1.5	-	1
46. Congenital malformations	x	x	x	5	6
47. Birth injuries, post-natal asphyxia and atelectasis	x	x	x	8	7
48. Pneumonia of new born	x	x	x	1	-
49. Diarrhoea of new born	x	x	x	-	-
50. Other infections of new born	x	x	x	-	-
51. Other diseases peculiar to early infancy	x	x	x	11	4
52. Senility	43.1	31.7	8.0	9	5
53. Cause ill-defined or unknown	9.0	10.9	12.5	9	14
54. Suicide	3.8	3.0	3.5	4	-
55. Motor vehicle accidents	} -	} 8.0	} 7.25	6	11
56. Other road transport accidents				1	1
57. Other violence	15.0	19.0	12.5	37	23
TOTAL	685.8 <sup>B</sup>	692.37 <sup>B</sup>	675.0 <sup>B</sup>	704	614

X not recorded separately

A included more than now assigned to this category

B total average of deaths, not total entries in column.





Table of Distribution of Cases.

	County of Moray	Burgh of Elgin	Burgh of Forres	Burgh of Grantown	Burgh of Lossiemouth	Burgh of Rothies	Burgh of Burghead	County of Nairn	Burgh of Nairn	TOTAL
Scarlet Fever	135	72	41	11	15	3	8	-	10	295
Diphtheria	-	-	-	-	-	-	-	-	-	-
Erysipelas	1	4	-	-	-	-	-	1	-	6
Acute Primary Pneumonia	31	18	-	-	13	1	-	1	-	64
Influenzal Pneumonia	-	-	-	-	2	-	-	-	-	2
Cerebrospinal Meningitis	2	-	-	-	-	-	-	-	-	2
Poliomyelitis	2	1	-	1	-	-	-	1	-	5
Dysentery	1	-	-	-	-	-	-	-	-	1
Paratyphoid B.	-	-	-	-	-	-	-	-	-	-
Whooping Cough	43	24	-	-	78	-	52	7	-	204
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-
Infective Jaundice	2	-	-	-	-	-	1	-	-	3
Malaria	-	-	-	-	-	-	1	-	-	1
TOTAL	217	119	41	12	108	4	62	10	10	583

Table of Seasonal Incidence.

	Scarlet Fever	Diphtheria	Erysipelas	Acute Primary Pneumonia	Influenzal Pneumonia	Cerebrospinal Meningitis	Poliomyelitis	Dysentery	Paratyphoid B.	Whooping Cough	Puerperal Pyrexia	Ophthalmia Neonatorum	Infective Jaundice	Malaria	TOTAL
January	4	-	1	9	-	-	-	-	-	79	-	-	-	-	93
February	1	-	1	6	-	-	-	-	-	67	-	-	-	-	75
March	1	-	-	8	-	-	1	-	-	32	-	-	-	-	42
April	8	-	-	4	1	-	1	-	-	3	-	-	-	-	19
May	16	-	1	8	-	-	-	-	-	7	-	-	-	-	34
June	43	-	-	1	-	-	1	-	-	4	-	-	1	-	50
July	34	-	1	5	-	1	-	-	-	2	-	-	-	-	43
August	49	-	-	3	-	-	1	-	-	6	-	-	-	1	60
September	45	-	1	7	1	-	-	-	-	2	-	-	-	-	56
October	32	-	-	3	-	-	-	-	-	-	-	-	-	-	35
November	40	-	1	5	-	1	1	1	-	-	-	-	-	-	49
December	22	-	-	3	-	-	-	-	-	-	-	-	-	-	27
TOTAL	295	-	6	64	2	2	5	1	-	204	-	-	3	4	583





Age Incidence and Number of Removals to Hospital.

	All ages	Under 1	1 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 64	65 and over	To hospital	Not to hospital
Scarlet Fever	295	1	115	165	9	2	2	1	-	132	163
Diphtheria	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	6	-	-	-	-	-	-	3	3	5	1
Acute Primary Pneumonia	64	3	8	9	13	1	5	15	10	22	12
Influenzal Pneumonia	2	-	-	1	-	-	-	1	-	2	-
Cerebrospinal Meningitis	2	-	-	1	1	-	-	-	-	2	-
Poliomyelitis	5	1	1	2	-	-	-	1	-	3	2
Dysentery	1	-	1	-	-	-	-	-	-	1	-
Paratyphoid B.	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	204	22	120	58	3	-	1	-	-	1	203
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-
Infective Jaundice	3	-	-	-	-	-	-	3	-	3	-
Malaria	1	-	-	-	-	-	-	-	-	1	-
TOTAL	581	27	245	236	22	3	8	24	13	202	381

